

A Dissertation on

**KAP STUDY ON THE BLOOD DONATION BY THE
VOLUNTARY BLOOD DONORS IN CHENNAI - 2009**

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BLOOD TRANSFUSION**



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INTRODUCTION

A well organized blood transfusion service is a vital component of any health care delivery system. An integrated strategy for blood safety is required for elimination of transfusion transmitted infections and for the provision of safe and adequate blood transfusion to the needy people. Blood transfusion is an important concern to the society as it is life saving in patients with bleeding disorders, accidents, surgeries, inherited/acquired hematological diseases and malignancies.¹

Voluntary non remunerated blood donors are the cornerstone of a safe adequate supply of blood and blood components.² The tasks of recruiting voluntary blood donors remain one of the major challenges for any blood transfusion service.³

Blood centers were also challenged to maintain adequate blood inventory in the face of increasing blood utilization. More complex and advanced therapeutic treatment in the field of surgery, haematology and oncology had led to increasing blood utilization.⁴

WHO advocates and recommends its member states to develop National blood transfusion service based on voluntary non-remunerated donation in accordance with World Health Assembly resolution 28;72, which was adopted in 1975.²

The numbers of potential donors were often reduced due to strict selection criteria imposed to ensure the safety of blood supplies. In addition to this, blood centers find it difficult to recruit new donors and retain them for regular blood supply to the needy people. Consequently blood services need to organize more frequent blood drives to maintain regular blood supply and to adopt an approach for enhancing new blood donor recruitment and retention of the donors.⁵

Generally donors are classified as voluntary, replacement, new or first time, regular, sporadic, autologous, directed and paid donors. The safest donors are those who donate once or twice in a year, purely with altruistic behavior and with self awareness of their suitability to serve as blood donors. The reasons for donating blood include altruism, service to the community, sense of social duty, gaining experience, personal obligation, personal appeal, social pressure, for helping friends or relatives, for recognition and reward, checking up health, seeing others donating blood.⁶

One of the objectives of the National Blood Policy is to encourage Research and Development in the field of Transfusion Medicine. One of its strategies is to take appropriate decision and/or introduction of policy initiatives on the basis of factual information, operational research on various aspects such as transfusion transmissible diseases, Knowledge, Attitude and Practice (KAP) among donors, clinical use of blood etc.¹

KAP study is a representation study of a specific population to collect what is known, believed and done in relation to blood donation. It helps to identify the knowledge gaps, cultural beliefs or behavioral patterns that may facilitate or hamper blood donation and to identify the factor influencing behavior, reasons for their attitude. It helps to assess communication processes and sources that are important to define effective activities and messages in promoting blood donation. It is also used to identify needs, problems and barriers, as well as resolution for improving quality and accessibility of sources.⁷

Study about the knowledge, attitude and practice of donors may prove to be useful in successful implementation of blood donation programme. So far, there is no literature available in our state about the knowledge, attitude and practice (KAP) of blood donors. This is the first study in Tamil Nadu to look into the KAP of blood donors from Chennai population.¹⁵

AIM AND OBJECTIVES

1. To find out the level of knowledge, attitude and practice of blood donation among voluntary blood donors.
2. To find the association between demographic factors with KAP.

REVIEW OF LITERATURE

HISTORY OF BLOOD DONATION: WORLDWIDE

The story of blood begins long before the days of written history. The earliest written medical records mention that Sumerians thought liver controlled blood and blood was considered as seat of life. In 1616 Dr. William Harvey discovered circulation of blood in human body.⁵

Blood letting that originated in the ancient civilization of Egypt and Greece persisted through medieval period and lasted till the second industrial revolution of Modern Era.

The first blood transfusion in the animal was attempted in the year 1665 by Richard Lower. He transfused blood from one dog to another by connecting the artery. Then in the year 1667, first time in the history, he transfused sheep's blood into the human being. Also, it has been documented that the recipient was paid 20 shillings when he was transfused. In the year 1900, Dr. Karl Landsteiner discovered ABO blood groups, for which he was awarded Nobel Prize in 1930. His discovery was a break through in the history of blood transfusion.⁸

Dr. Bernard Fantus at Cook County Hospital in Chicago established a Blood Bank where he bled the donor into a flask containing small amounts of sodium citrate with Dextrose and it was sealed and stored in a refrigerator.

The first Blood Bank was established by Dr. Norman Bethune on December 10, 1936 in Madrid.

Mr. Oliver, after saving a life by blood donation in an emergency, started a City wide Bureau of providing prescreened, pretested voluntary Blood Donors in London. Subsequently, Donor Panels were established in Germany, Belgium, Australia & Russia.

Dr. H. Ijima established Nippon Blood Educational Society with two hundred donors in Japan.

In France, Dr. Arnauld Tzanck established Emergency Blood Transfusion Society.

Then the Americans with their practical and market driven methods embodied professionalism in mobilization of donors.

Dr. Ottenberg, Dr. Coca and Dr. Landsteiner formed Blood Transfusion Betterment Association to raise the standards of professional donation in discipline, hygiene and testing. In this, donors received \$35 and the Bureau got a commission of \$6.

After the Spanish Civil & II World War, International Organization conducted a Conference and declared to recommend Voluntary Blood Donation to ensure safe Blood Transfusion.

In the year 1955, an International Federation of Blood Donor Organization was formed at Luxembourg, which comprised of associations of blood donors and Red Cross society.

WHO rightly declared 2000 AD as the year of safe blood transfusion with a slogan, “*Safe Blood starts with me*”.⁹

WHO, International Federation of Red Cross and Red Crescent Society, International Federation of Blood Donor Organization and International Society of Blood Transfusion have jointly decided to observe June 14, Birth day of Dr. Karl Landsteiner, as *World Blood Donor Day* from 2004, with a slogan ‘Safe Blood Starts with Blood Donor’ and trust would be on Youth Programme.

The global theme for the year 2009 is “*100% Voluntary non remunerated donation of blood and blood components*”. The slogan for the year 2010 is “*New Blood for the World*”. It hopes that a new generation of idealistic and motivated voluntary unpaid donors will form a pool that provides the safest blood possible for use, where ever and when ever needed to save a life.⁹

HISTORY OF BLOOD DONATION IN INDIA

In 1925, a transfusion Centre was started at School of Tropical Medicine in Calcutta. The service was to draw blood from donor by syringe and transfuse

to the recipient without any storage. Then, in 1939 Red Cross Society formed a Blood Bank Committee in the city of Calcutta itself, to support transfusion centre with equipment and donors.

In March 1942 the first Blood Bank was established at the All India Institute of Hygiene and Public Health, Calcutta and the management was entrusted to the Blood Bank Committee of Red Cross.

The Blood Bank collected 39050 Blood Units between March 6, 1942 and May 15, 1943 from Calcutta. Then Blood Bank was handed over to State Government and transferred to Calcutta Medical College Campus. During the peace time after the World War II, there was no motivation and recruitment of Voluntary Blood Donors. So, Professional donors were accepted as the source of blood to meet the need of the day.⁵

In forties, Blood Banks were established in the Metropolitan cities of the Country. In fifties, District Blood Banks were established. In 1962 Dr. M.L Gupta, Director Indian Red Cross society Blood Bank, Delhi initiated first voluntary blood donation movement at Delhi by bringing in other voluntary organizations together. In 1964, the Chandigarh blood bank society was established to recruit voluntary blood donors by Mrs. K. Swaroop Krishna and Dr J G Jolly. The Chandigarh Indian society of blood transfusion and Immunohaematology was established on October 1971. This organization introduced All India voluntary blood donation day on October 1 in 1975.

In 1970 the students of Madurai medical college with the inspiration from their teachers Dr. S.A. Kabir and Dr. T. Chella set up Madurai Blood donors club, to organize voluntary Blood collection drive for the hospitals of the city. In 1975 at Chennai, Mrs. Shanthi, house wife of TTK family established Madras Voluntary Blood Bank to spread the message of voluntary blood donation in the state.

In 1985 the National seminar and workshop exclusively on “Blood Donor Motivation” took place at Calcutta.

On public interest litigation, the Supreme Court directed the union government on January 1996, to abolish buying blood from sellers with effect from January 1, 1998.⁵

NACO was established in 1992. Under its blood safety programme, it has been supporting voluntary blood donation of the country. National blood transfusion council and state blood transfusion councils were set up in July 1996 and the portion of the rules under Drugs and cosmetics Act related to blood banking were revised and came into force from April 1999 and had been modified thrice.

National blood policy was released on April 2002. The action plan for blood safety was released by NACO in May 2003. NACO had its first phase of programme from 1992-99 and second phase from 1999-2004. Thirty percent of the project cost is focused on blood safety. It also sponsors Information,

Education, and Communication Campaign at both national level and state level to generate awareness of potential dangers of unsafe blood from unlicensed blood bank and professional sellers, and promote voluntary blood donation movement.

NACP III (2007-2012) is being launched with the objective to halt and reverse the spread of the HIV/AIDS epidemic in India.¹⁰

Club 25

This concept is also known as Pledge 25 which was first launched in Zimbabwe in 1989. This concept has proven to be an effective and inexpensive way of targeting youth donors.¹¹

BLOOD DONATION STATISTICS

India, with a population of over a billion, only 25 million units of blood are collected against the minimal annual requirement of approximately 60 million units.¹²

WHO advocates that 3-5% of population should donate to maintain the countries stocks of blood at an acceptance level.¹³

Globally, in 2007, one hundred and sixty two countries have provided data to WHO on 85.4 million blood donors. The data is from countries that totally account for 5.9 billion people, representing 92% of the global

population. It includes 7997 blood centers in developed countries, which collected an average annual collection of 13,000 per blood center and in transitional countries about 6000 and in developing countries about 2800 blood units.¹⁴

The need for blood is universal and there is major imbalance between developing and developed countries in the level of access to safe blood. It is estimated that atleast minimum 1% of population must donate blood to meet a nation's most basic requirement for blood. The average donation rate in developed countries is 38.1 donations per 1000 population, in transitional countries the rate is 7.5 and in developing countries the rate is 2.3 donations per 1000 population.

The statistics reveal that Tamilnadu is one among the few states that have achieved more than 80% of collection through voluntary blood donation. In 2010, the Voluntary Blood Donor Association of India reported that Tamilnadu rank second with 91.9%.¹⁵

DEMOGRAPHIC CHARACTERISTICS OF DONORS

Demographic factors have been related to the likelihood of an individual being a Blood Donor. Some of the characteristics include Age, Gender, Educational qualification, Occupation, Marital status. Donor characteristics may be a reflection of practical aspects of blood donation.

Gender:

In 1990 a study by Piliavin et al in Baltimore stated that there was preponderance of females among first time Donors. But with subsequent donations the ratio shifted to a male preponderance of 60 to 80%. The larger the number of life time donations, the greater the male preponderance.

It seemed likely that shift from female to male with increasing number of donation was a result of deferral of women in the child bearing age who become iron deficient from menstrual blood loss.¹⁷

KAP study in Namibia, stated preponderance of females (62%) over males (38%).¹³ Another study by Hinrich et al, in the year 2008 showed that there were equal proportions amongst male and female donors.²⁴

The study in urban slum of Delhi by Bir singh et al in 2009 showed 20.2% of males and 15.9% of females⁶ where as Nickolas Zauler et al study in 2008 stated male preponderance than female.¹⁴

Age:

The upper age limit of the blood donor population has an important effect on blood availability. In Canadian Blood Service, first time donors were eligible for blood donation from the age of 17 to 61 years, while regular donors were eligible for blood donation up to their 71st birthday.¹⁸

The study by Theresa W Gillespie in 2002 emphasized that the male donors out-numbered female donors in blood donation in all age groups.¹⁹ Harrington et al study showed that the young people aged below 25 years are less than the other age group donors. The study done by Weinberg stated that the mean age of the donor was 22 years.²⁰

In Saudi population 59.2% donor were between 18-30 years, 30.4% of donor between 31-40 years, and 10.4% between 41-50 years.²¹ Studies from United States Blood Collection facilities have shown that allogenic donation is safe in older donors since the donor reaction rates were significantly higher in young donors between 17-25 years.²²

A study in Delhi showed that as the age of the donor increases the number of donations also increases, (from 33.3% in 18-34 years to 66% in 35 to 60 years).⁶ Sampath et al. study in 2007 stated that 36.4% of the donors were in the age group of 18-25 years and 48.5% were between 26-50 years.²³ In another study by Hinruch et al. showed 61.1% of the donors were younger than 30 years.²⁴

Education

Olaiya et al study in 2002 stated that 36.16% of the donors were university degree holders, 28.41% of the donors had completed their secondary school education, 24.35% of them were diploma holders, and 9.96% had completed their primary school education.²⁵

A study in Germany by Moog et al. in 2007 stated that the percentage of first time donors and repeated donors were almost equal in their education level.²⁶ In Weinberg study 72.8% of donors were with high school education and 22.2% of donors had completed their primary school education, another study by Sampath et al. showed 47.3 % of donors with secondary school education, 14.5% of donors were with school education and 15% had completed their university education.^{20, 23}

Occupation

In 2005 W.Zaller study in northeastern Chinese city showed more than half of the respondents [53.3%] had low wage employment such as manual labour or service jobs or no employment at the time of donation.²⁷

S.Sampath et al study stated that 66.8% were employed and 21.3% were unemployed and 11.9% were students.²³

Nickoles et al study in China showed that 20.2% of donors were professionals which are in equal proportion to that of the students and service employment. The health care workers were only 0.2%.²⁸

The study in Delhi stated 7.7% of the donors were professionals with 92.3% being non-professionals.⁶

Marital status

A study by Bir singh et al showed that 88.5% of donors were married and 11.5% were unmarried.⁶ Gilspie study showed 57% were married.¹⁹

Nickolas study stated that 62.7% of donors were unmarried and 37.3% of donors were married.²⁸

KNOWLEDGE OF BLOOD DONATION

Bir singh study in Delhi showed that 89.1% of the donors do not know their blood groups, 60% of donors knew about the place for blood donation, and 93.6% of donors had incorrect knowledge about inter donation interval.⁶

In Namibia study 59.6% of the donors knew their blood group, and many knew the inter donation interval.¹³

In 2005, a study by Zaller et al. in the northwestern city of China stated in general, the donors tend to be more likely to know about specific donation requirements, such as, weight of the donor, time interval between donations and test performed at donor screening than non donors.²⁷

In 2007, study by Sampath et al. in Trinidad & Tobago showed 51.2% donors were aware of the eligibility criteria for blood donation, 77.9% were aware of location of blood donation centers.²³

ATTITUDE AND PRACTICE TOWARDS DONATION

Blood donors were more likely to have favorable attitude than non donors in their perception about need for blood donation and less likely to perceive that blood donation would harm the body. Pandey in Delhi, the main reason given by non donors for not donating blood In a study by Birsingh was ‘khoon ki kammi’ meaning ‘less blood’ and other reasons were feeling weak, fear of acquiring disease, lack of opportunity to donate and felt that donating blood is not their responsibility.⁶

In Lagos state university teaching hospital study, Nigeria 60% of the Blood donated were because of the hospital policy, which makes it as a prerequisite to donate one pint of blood by patient’s attendee for antenatal registration and sick relatives. This shows that people donate blood for beneficial reasons. In this study, it was found out that the main barrier for donation were misconception, fears and religious reasons.²⁵

N.Zaller et al. study on respondents who have not donated blood at all (non donor respondents) stated the following reasons for not having donated blood; 17% due to lack of time, 28.7% had biased feeling of poor health condition following donation and 25.2% donors indicated that they were anemic, 38.9% presumed that their blood can not be used for others, 6.3% stated they were drug abusers which prevented them to donate blood.²⁷

In Piliavin reviews, the constraints on donation include medical problems, fear of donor deferral and donor reactions. Fear includes fear of needles, the sight of blood, and contracting acquired immune deficiency syndrome (AIDS).¹⁷

COMMERCIALIZATION IN BLOOD BANKING

Monetary inducement of Blood Donation was relieved in all over world barring a couple of Countries.³

In spite of Laboratory techniques to screen blood from donors, safe blood transfusion cannot be ensured unless the quality of donor is assured.

Blood Donors recruited in lieu of payment would be untruthful about their history of past ailment.

Under the direction of Supreme Court “Professional Donors” have been officially banned in India from January 1st 1998.¹

But many Transfusion Centers or Blood Banks in India, in view of barring of blood being bled from the Professional donors switched over to Replacement Donor System. They put the responsibility of bringing donor to the patient or their friends / relatives instead of motivating and recruiting blood donors. This has resulted in Patronization of blood seller system where money is unofficially paid outside the Banks by Patients’ relatives.²

Health History information given by Professional Donors are not reliable because such “Donors” are often from economically & socially deprived sections of the society and in need of money. Therefore there is a likelihood that the “donor” will be anemic and of poor general state of health.³⁰

Since hospitals with specialization are in Metropolitan Cities, Rural People coming to these hospitals fall prey to blood sellers.

CATEGORIES OF BLOOD DONORS

Voluntary Non-Remunerated Blood Donor

The definition of voluntary non-remunerated Donation passed by VIII General Assembly of the International Federation of Red Cross and Red Crescent Societies and accepted by the International Society of Blood Transfusion & the Council of Europe states that “voluntary non-remunerated Donors are persons who give blood, plasma or other blood components of their own free will and receive no payment for it in the form of cash, or in kind which could be considered a substitute for it.”⁵

In many countries the payment of donors for blood donations is widely practiced. It is difficult to believe that financial reward leads to truly voluntary altruistic donation. In comparison to voluntary blood donors, the incidence of infectious disease transmission is more common in the paid/professional donors.¹⁶

Geoffrey Tison reported that there is an increased risk of Post transfusion hepatitis following the use of blood and blood products from commercialized sources in comparison to voluntary blood donors.³⁰

A study of intra venous drug abusers in Baltimore showed that more than 20% had continued to donate. Of these 88.1% were donating in the commercial sector and 11.9% in the volunteer sector. Some would argue that this does not matter provided all donations are screened.¹⁶

Replacement Donors:

Many parts of the world widely practice the use of replacement donors, in this donation patient undergoing surgery may be asked to find donors to replace the blood that they use at the time of surgery. Surgery may be delayed unless the replacement donors are found .The majority (87%) of blood donation are made as replacement for friends in Trininad &Tobago.²⁹

The essential problem with this type of system is that there is a degree of coercion involved on the part of the patient to find people to donate blood. It is also likely that there is continuing group of paid donors who donate within this frame of work. The aim of all countries must progressively reduce their reliance on replacement donors with only acceptable goal being an entirely voluntary system.²

Directed Donation:

Directed donation also known as designated donation to the persons donating blood for a specific recipient. In many cases donor may be a friend or relative of the recipient and in fact many replacement donors are giving directed donations. Directed donations are controversial. Superficially, it would seem an effective way of recruiting donors. A factor increasing the risk of this group is that the percentage of new donors among the directed donor group is much higher than among the random blood donor group.²

RECRUITMENT&RETENTION OF VOLUNTARY BLOOD DONORS

The key to recruiting and retaining safe blood donors is good epidemiological data on the prevalence of infectious markers in general population to identify low-risk donor population coupled with an effective donor education, motivation and recruitment strategy to recruit new voluntary non-remunerated Blood Donors from these population.²

A pleasant experience during blood donation, good donor care and effective communication between blood centre staff and blood donor are all important factors.

WHO has developed a set of simple guidelines designed to assist those responsible for blood donor recruitment in developing countries, to develop and implement programme to improve communication with blood donors.

The guidelines provides approaches for setting up a communication programme – organizing, collecting information and developing plans as well as providing ideas that individual centers might consider for recruiting, educating and retaining safe donors.

National Blood Donor Programme for the education, recruitment and retention of low risk Blood donors, including community based voluntary non remunerated blood donor organization and youth programme.

Elements and activities in promoting voluntary non remunerative blood donation includes²:

1. Appointment of an officer responsible to the National Blood Donor Programme to include Donor education, Motivation, recruitment, and retention.
2. Training of Donor Recruitment & Donor care staff in Donor education, Motivation, recruitment, retention and selection.
3. Development of partnership with Non Governmental Organization, such as National Red Cross and Red Crescent societies, voluntary blood donation organization, national service organization, and the media.
5. Establishment and maintenance of a database register of donor record.

6. Developing guidelines and protocols for donor selection and deferrals, donor confidentiality and donor care.
7. Developing guidelines on the management of donor sessions and blood collection.
8. Monitoring of TTI in Donor Population
9. Training of staff in Pre & Post donation counseling.
10. Donor notification and referral for counseling and monitoring and evaluation of blood donor recruitment programme.²

KEY POINTS TO A SUCCESSFUL DONOR RECRUITMENT PROGRAMME

Donor Recognition is an important component of successful programme. Recognition does not mean providing incentives or gifts to donors. It means acknowledging donors' altruistic contribution at each donation with special recognition at milestones of their donation career.

Advertising increases awareness but does not automatically result in more donors. To put a donor in the chair, the donor must be directly asked preferably one-on-one. Donor education should begin in the school as early as possible as part of science and health curricula.

Social guidelines

In order to inspire public confidence in every aspect of its operation the blood transfusion service should conform to the highest ethical standards and as with the organization quality policy, these ethical Principles should be stated by senior management in writing.

Some of the Principles that could be included in the organization “Code of Ethics” are as follows

Blood Donation should be voluntary and unpaid - Donors should never be coerced in to donating, either directly by the transfusion service or by superiors in the work environment, or Lecturer at College & Institution. Donors should not be paid either in cash or in any kind. Donors may however receive refreshment and token awards of recognition, reasonable time off work and reasonable compensation for travel expenses incurred in attending the donor sessions.

Donors should be fully advised about the risk of donating blood or blood components and give consent for the withdrawal of blood. Individuals who have difficulty in understanding the consent should not give blood.

Donors should be informed of the tests that will be carried out on their blood and of the fact that they will be informed of any reactive results,

provided they had given their consent. Any research project involving the testing the blood donors should be approved by an ethical committee.

Donors should be fully advised of the result of donating infected blood and should be advised not to donate blood for merely getting TTI test result.

Other than in special case, the donor should not be informed of the name of the patient to whom their blood will be transfused.

Blood Donors should not be discriminated on the basis of gender, race, political affiliation or religion.

The health and safety should be protected at all times. Sterile disposable equipment should be used for collecting blood. The donor should be monitored through out the donation.²

Principles of Donor Recruitment

A Blood Bank with a beautiful building, well equipped and trained staff, sophisticated modern equipment and techniques, blood collection vans, kits, reagents & chemicals cannot serve the ailing patients unless it has adequate blood.

For safe blood transfusion, good quality of blood is needed. To ensure quality, voluntary blood donors are to be recruited and voluntary blood donor base has to be built up to keep the blood banks working actively.

The reasons for not donating blood all over the world are fear complex and nobody approached people to donate blood. Therefore donor recruiting is a demanding task. This is a continuous process with newer innovation with time.⁶

There are two models in vogue in different countries.

1. Publicity, Propaganda
2. Education, Motivation, Donation in camp, recognition of donors.

Many donor recruitment programme over emphasize audio – visual publicity through poster, newspapers, radio and television announcement without a thorough organizational process to reach the donors individually or in groups. These publicity techniques in India have not recruited sufficient donors. The publicity may have a reinforcement effect.¹³

Propaganda of blood shortage in Blood Bank and consequent appeal for blood donation may send a wrong message. This propaganda gives impression that blood transfusion service is failing in its mission. These appeals have never been productive. Donor recruitment is the process that includes public motivation, identification and recruitment of donor groups, education and motivation of donor recruiters, donor groups and individual donor, organization and scheduling of blood collection sessions, maintenance of comprehensive

programme for retention of donors, maintenance and analysis of statistics and recognition of the contribution of individual donor and donor groups.⁶

Thus motivation to donate blood involves several distinct processes.

1. Awareness about need of the blood
2. Awareness that there is no harm in donating blood.³¹

Desire to donate blood may come in organized or unorganized manner through the process of being asked by a blood donor motivator. It seldom comes from publicity or public appeals as these are too impersonal to motivate an individual to take action. Even the desire to donate blood must be channeled into action, i.e., by organizing blood donation camps.

A person can donate 168 times between the age of 18 and 60 years.⁵

The principles of donor recruitment may be short term and long term which should go hand in hand.

The approach can be

- ❖ Individual Approach
- ❖ Group Approach
- ❖ Mass Approach

Donor recruitment strategies:

Many techniques of blood donor recruitment have been advocated. The best methods are based on personal contact between motivator and prospective donor.³²

Group approach is considered as most pragmatic and effective approach to recruit donors as a short term strategy. The community may be divided into various target groups that may be approached during their convenient period.

The groups may be:

Educational Institution

Industrial and Commercial Organization, social and Cultural organization

Religious Organization

Political Organization

Trade Union

Fan clubs

Government Organization

Sports and Recreation Clubs and Organization

Women's Organization

Medical Organization / Institutions

Each group may be encouraged to select a suitable day for its blood collection drive. Every organization likes to associate its blood donation day with significant day which may be local, regional, national or international.⁶

When a group of dreamers with conviction of purpose and plan to act unite, an organization is born. Social changes depend on the strength of such an organization. The motivator may approach the leader of the group and after convincing; sit with the group for motivational session using display materials or flip charts. After discussion, question and answer session follows the distribution of pamphlets which contain the basic information on blood and blood donation.

After this, the day for Blood collection drive is to be fixed which should not be more than seven days. To sustain blood donation blood group cum donor card should be handed over to the donors in due time.

Short term and long term method

Any programme supporting and helping to propagate the message of particular blood collection drive is a short term strategy which includes seminar, talks, meeting, posters, banners, hoarding, leaflet, radio, TV, newspaper announcements.

Any donor recruitment strategy meant for recruiting donors of tomorrow may be considered as long term strategy. These include walk, rally, hoarding articles in print media and general.

School education programme, incorporation of lessons in school text books, demonstration of blood donation camps in school are the methods for recruiting donors of tomorrow. Converting blood donors and young adults to honorary donor recruiters through structural training programme to spread the message of blood donation deep down in the community helps building up a healthy people's movement.³³

After successful school education programme, the school may be encouraged to organize blood donation camp with teachers, parents, students and people of the locality as donors and children as organizers and motivators. The children can motivate their parents and relatives to donate blood in the camp organized at their school and may be presented with a badge with inscription like "I am proud. There is Blood Donor in my family".

Mass blood donation camps, after a general awareness campaign, pre-donation announcement and post donation reporting are considered as long term strategies as these camps help in spreading of the message of voluntary blood donation which in turn helps in organizing smaller camps through out the year.

The quiz contest, debate, elocution contest, sit and draw contest, slogan contest and essay contest on blood and blood donation are also part of long term strategies.⁶

Direct Method:

The most common methods are lecture / discussion / seminar / symposium / group meeting etc.

These are applied for industrial and commercial establishment, clubs or schools and colleges and also for professionals like Medical, Para Medical, Nurses, Teachers, Sportsman, Intellectuals, Artists and Engineers. The areas covered in such topic include Brief History of Blood Donation Movement and Blood Transfusion.

Indirect Methods:

The common method is by putting up of banners, display hoardings, posters etc. in the public places and distribution of leaflets and hand outs. Puppet shows, drama, stories and poems with the theme of Blood donation.

Presentation of badge, lapel pin, watch server (depicting blood group) awarding certificate in public ceremonies.

Impressive thanks letter addressed to the donor to generate lasting warmth and to induce donor to repeat the act of donation.

Group recognition like inter institution / inter class / inter club trophies are awarded for mobilizing maximum number of blood donors.

Organization of 'Know your Blood' stall decorated with colorful slogans, posters and allied visuals at fairs, exhibition, festivals etc., accompanied by short talk and distribution of leaflets.⁶

Short film show, skit, display of cinema slides and mobile audio visual campaign can be done to motivate voluntary blood donation.

Other methods like use of mass media like News paper, Periodicals, Radio and TV, Poster, Quiz, Slogan Competitions and debate can be tried.

Special donor badge for multiple donations (5/10/25/50/100 times) can be distributed to encourage blood donation.

Other methods like printing of blood donation slogans in hospital out door ticket, bill presented by Electricity / Water board / Treasury, Premium Notices and Receipts of LIC, Milk Pouch, or Food packing / Postal cancellation etc., introduction of National / State Level Awards for Donor Organization, appeals from Religious Leaders to their followers and general public.⁶

Women in Blood donation movement:

The men: women ratio is almost 50: 50 in our population and blood donor wise the ratio would be 95:5 in the country. Both in physical and mental

characterization, women differ from men and these differences have determined their respective domains and role in the society.³⁴

Women in any community may serve the transfusion service by becoming a Blood donor and by educating their children to become blood donors on their attaining adulthood and they can eradicate the superstition and taboos from the minds of the children.

Once the child is allowed and trained to think fact, then there is less chance of confusion in future.

Emotionally women are more receptive. Listening to some talk on story of blood and blood transfusion, girls would respond more than boys in registering their readiness to donate blood.

West Bengal's experience of "Florence Nightingale Day" when nursing associations of all the nursing schools of West Bengal Hospital donate blood every year is yet another example of women's response to the call of the ailing fraternity. But women are generally shy to donate blood in open camps, exposed environment in public camps often act as a hindrance to their willingness. In any assembly of women they behave freely as may be seen in camps organized on the occasion of International Women's Day and in camps organized at Women's College. Use of draw sheet for Female Blood Donor in the camp is a must.

Women should not forget that a large quantity of blood is required for transfusion therapy in Medical and Surgical Settings so the women have to donate for the good cause.

To motive women to donate blood would be the task of donor motivation. Motivators should remember that “If you educate a man you educate a person; if you educate a women you educate a family.”⁶

EVALUATION OF BLOOD DONOR MOTIVATION PROGRAMME

Any programme involving man, method, materials and management would, require periodical evaluation, monitoring and path correction with due regard to the objectives of the programme.³⁵

Blood donor motivation, recruitment and retention should be evaluated.

Manpower is the main resource and should be considered as a system warranting judicious, effective and productive use. If the effort and time spent are inversely proportionate to the results achieved, it may lead to frustration. The cardinal evaluating factor for programme will be the number of voluntary blood donors actually recruited and retained.

Study on blood donor's recruitment programme may be undertaken to evaluate the results.

The indicators of evaluation may be

- Number of units of blood collected from VBD in the respect to total blood collection yearly.
- Reduction in the number of replacement donors.
- Proportion of blood donors who are regular repeat donors and new donor, Proportion of women donor.
- Number of blood units collected per session.
- Proportional of blood discarded after collection for markers TTI.
- Proportion of deferred donors & of selfdeferred donors.
- Number of organization and volunteers working in the field.
- Level of increase in blood donation following motivation programme.
- Number of organization accepting blood donation as their regular activity. Number of institution including schools accepting Blood donation programme on their own.
- Number of stalls on blood donation in exhibition or fair.
- Number of requisition honored by the blood bank.

All these data can be obtained by field study and using proper questionnaire. All these are integral parts of donor recruitment programme. It should be in built concurrent procedure along with voluntary blood donation programme.⁶

Research in blood donor recruitment

Blood bank can be a gold mine of academic minded research workers, social scientist, and donor motivators through research work. The motivators can develop new technology of donor recruitment. The most important study would be knowledge attitude and behavior of people towards blood bank and blood donation.² Strength, weakness, opportunity and threat (SWOT) analysis of blood banks and donor recruiting organization can be the basic areas of research.⁶

Donor recruitment with respect to recruitment strategies and techniques can be a useful research .The blood group distribution of the region may be needed to determine the maximum and minimum level of stock to meet the requisition. All research work will need proper training with knowledge about people, data collection, structural interview of people, blood banking service including its technical aspects and ability to interpret the data generated from different sources.⁴

Donor Retention:

To establish a transfusion service dependent totally on voluntary blood donors and to meet the entire blood need of the country or the region, a good donor base is absolutely necessary.

To maintain a donor base, recruitment of new donors and retention of old donors are absolutely essential. Many do not donate blood after their first donation and remain one time donor for the rest of their lives. These pool of eligible donors have already overcome superstitions, taboos and fear complex for donating blood and the dropping out of such donors weakens donor base.⁶

The entire work of donor motivators or organizers is lost if a donor donates blood once and then does not return for future donation.

MATERIALS AND METHODS

Development of questionnaire

Each questionnaire was prepared to assess the knowledge, attitude and practice of blood donation. Using a self administered questionnaire, donor's knowledge about eligibility criteria about blood donation, their attitude, intention and impact towards first time and regular donation were evaluated along with demographic details. All the study details were explained to the donors and then the questionnaire was given to them, after getting the consent from each donor.

Validity

The questionnaire was validated by experts in transfusion medicine.

Study Design

Cross sectional study

Study population

The study population consisted of donors who are donating blood in the Blood Donation Camps conducted by department of Transfusion Medicine, The Tamil nadu Dr.M.G.R Medical University.

Inclusion Criteria

Donors who had given consent to participate in the study.

Exclusion criteria

Donors who did not want to participate in this study.

Sample size

Percentage of voluntary blood donation is 60%

Confidence interval 95%

Precision of the study 90%

$$N = \frac{P \times (1 - P) \times Z^2}{E^2} = \frac{(60 \times 40) \times (1.96)^2}{(6)^2}$$

$$264 \times 2 = 530$$

Sampling technique

Cluster sampling

Simple random sampling was done in four zones of Chennai; in each zone, four camps were conducted and from each camp 27 donors were selected.

Voluntary blood donation camp

Zone 1-C1-27,C2-27,C3-27,C4-27

Zone2-C1-27-C2-27,C3-27,C4-27

Zone3-C1-27,C2-27,C3-27,C4-27

Zone4-C1-27,C2-27,C3-27,C4-27

Statistical analysis

Quantitative data were given in frequencies with their percentages.

The association of KAP with demographic factors was analyzed by Chi- square test using categorical data.

Ethical Clearance

The study was approved by the Tamil Nadu Dr. M.G.R. Medical University Ethical Committee.

Validity

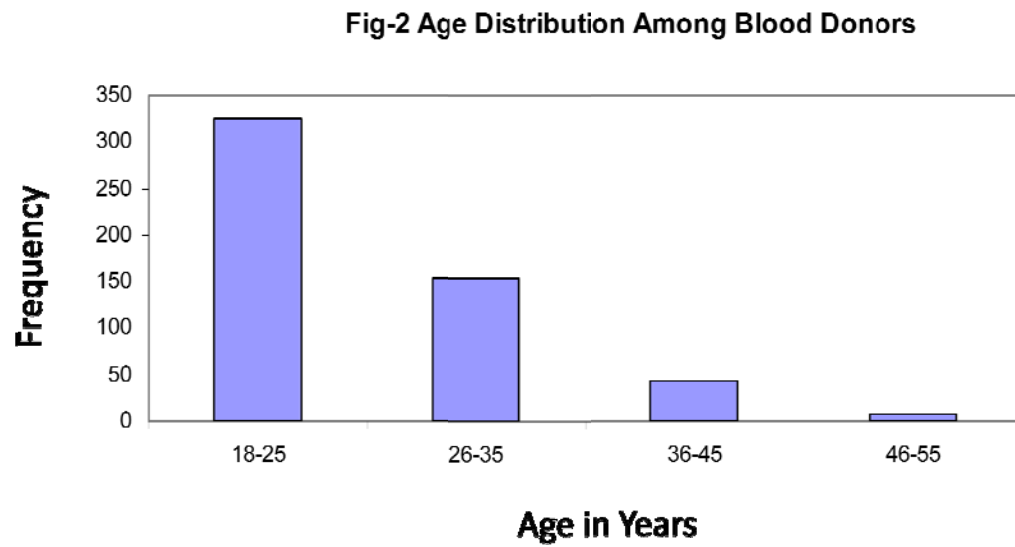
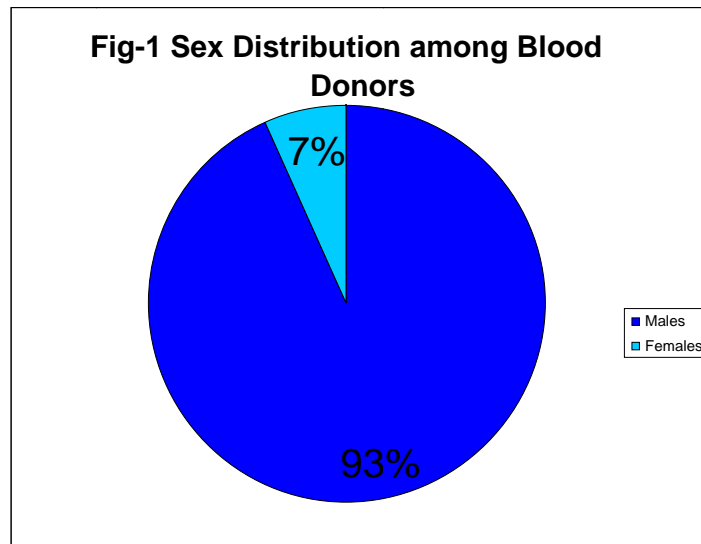
The questionnaire was validated by experts in transfusion medicine.

RESULTS

A total of 530 donors were selected by simple random sampling. The donors were selected in the Blood Donation Camp conducted by the Department of Transfusion Medicine from different geographical zones of Chennai City, in which female donors were less in number (7%) than the male donors (93%). A semi structured Questionnaire was implemented to get the KAP of the donors. The study details were explained to each donor and after obtaining the consent from donor, the information was collected from the donor.

The Demographic details of the donor are given in Table -1;

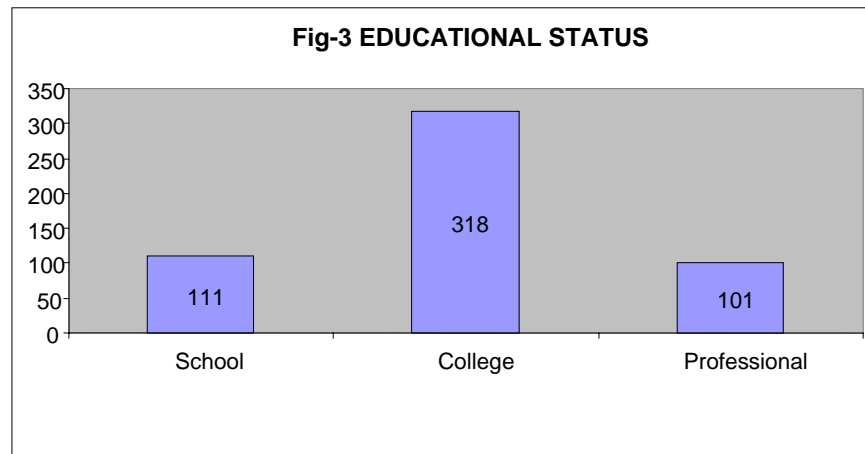
Table – 1 DEMOGRAPHIC CHARACTERISIC OF DONORS			
Variables		Frequency	Percentage (%)
Age	18 – 25	325	61.3
	26 – 35	154	29.0
	36 – 45	43	8.1
	46 – 55	8	1.6
	Total	530	
Gender	Males	494	93
	Females	36	7
	Total	530	
Educational status	Illiterate	0	0
	High School /Higher Secondary	111	20.8
	College	318	60.3
	Professional	101	18.9
	Total	530	
Occupation	Employed	365	68.9
	Unemployed	3	0.6
	Students	162	30.5
	Total	530	
Marital Status	Married	373	70
	Unmarried	157	30
	Total	530	
Socio Economic Status	5000-10000	119	22.45
	11000-20000	216	40.75
	More than 20000	195	36.70
		530	



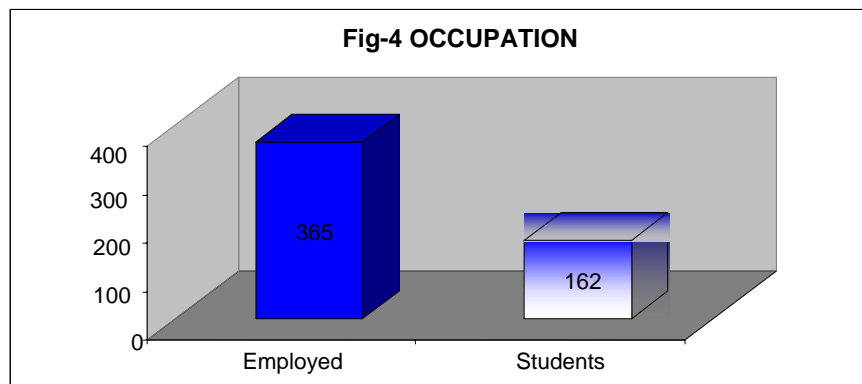
When we compare the Educational Status of the donor, college level educated donors were 60.3% and there were no illiterate donors in our study. Nearly seventy percent (68.9%) of the donors were employed and married.

The details of donation status are shown in Table 2: which shows 74.9% donors were in the age 18-25 years. The donors donating blood for the first time were 46.1% and nearly 50% of the donors had donated two to ten times and only 1.1% had reactions in the past. Nearly 4% of the donors had been temporarily deferred in their previous donations.

Educational status



Occupation



Marital Status

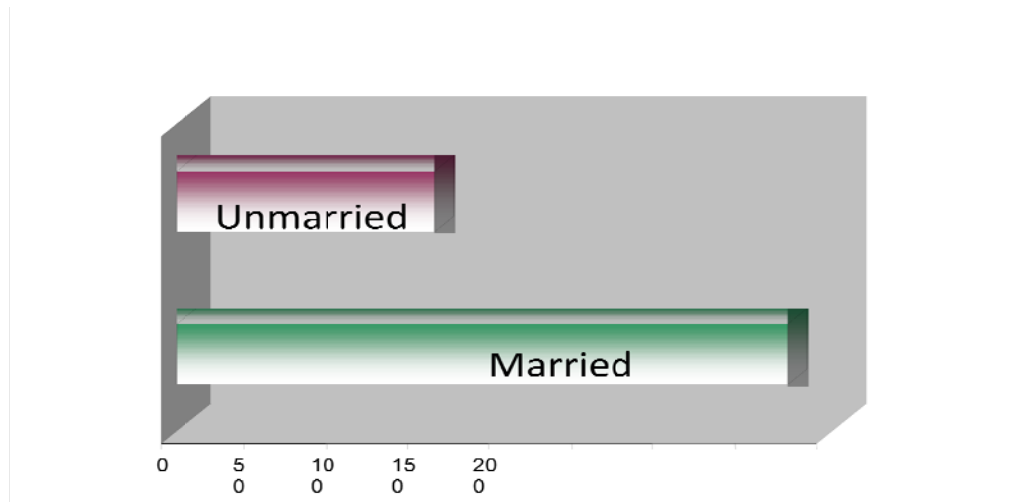


Table – 2 DETAILS OF DONATION STATUS			
Variables		Frequency	Percentage
Number of donation	First Time	245	46.1
	2 – 10 times	261	51.9
	11 – 20 times	23	1.8
	> 20 times	1	0.2
	Total	530	
Age of first time donation	18 – 25	396	74.9
	26 – 35	111	19.0
	36 – 50	23	6.1
	Total	530	
Donor deferral in past	Yes	17	3.2
	No	513	96.8
	Total	530	
Donor reaction in past	Not applicable*	245	46
	Yes	3	1.1
	No	282	98.7
	Total	530	

* Not applicable as they are first time donors

DONATION STATUS

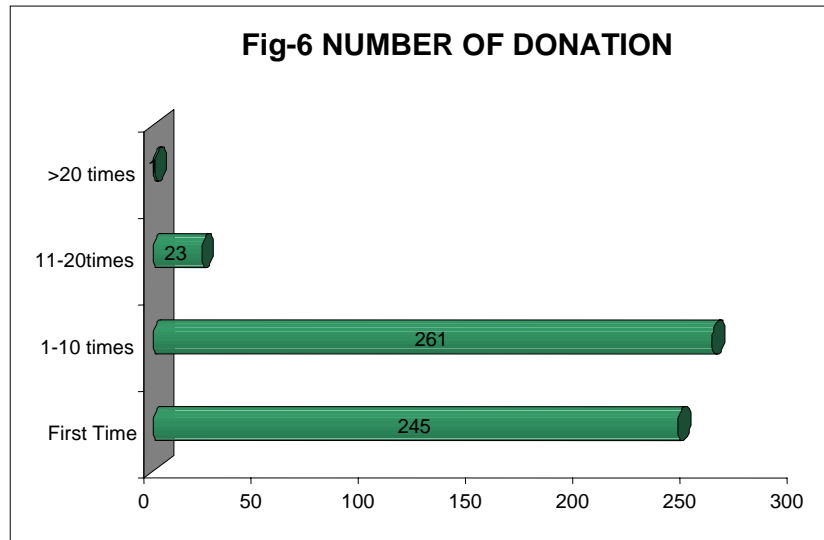
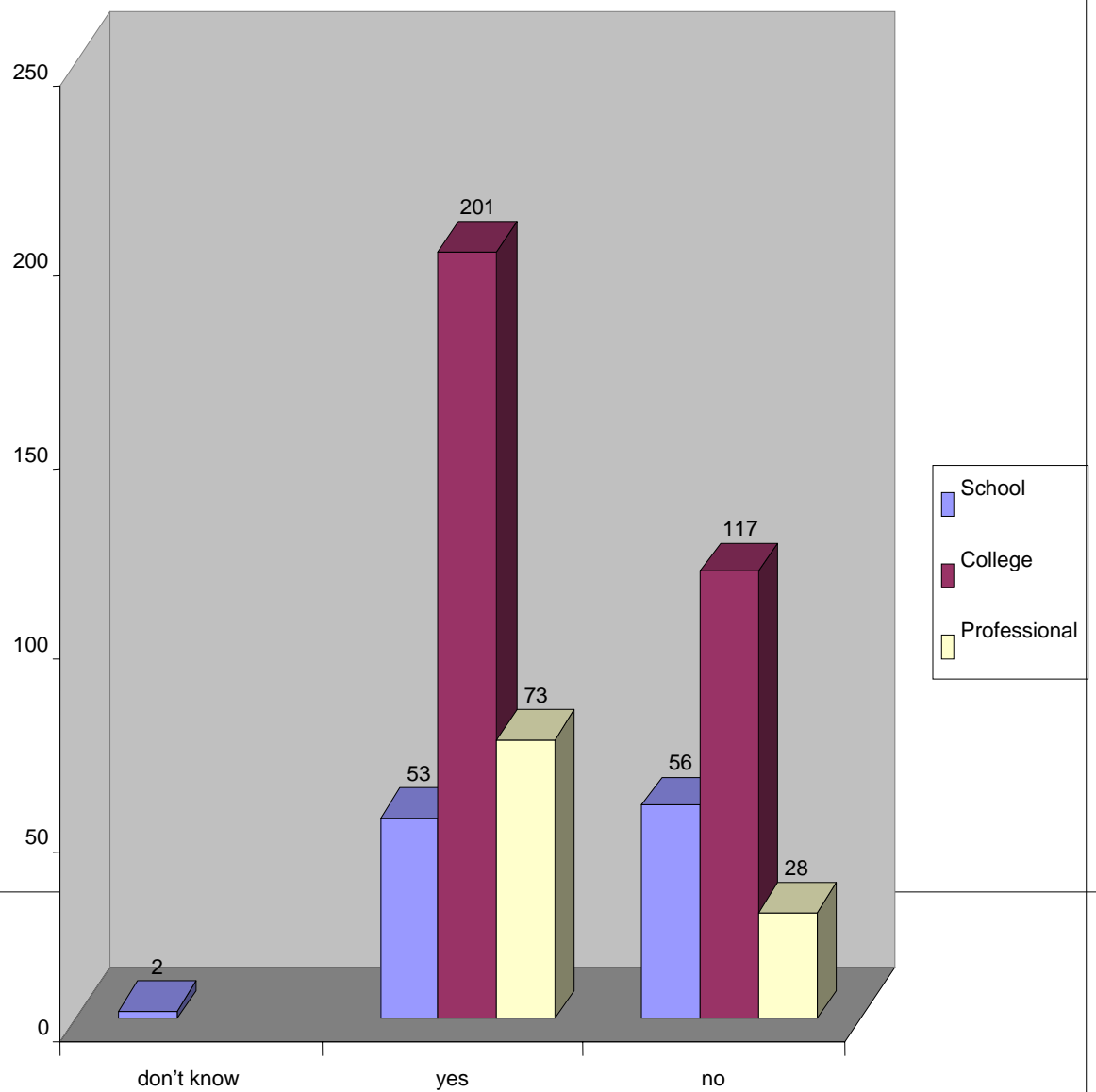


Table – 3 KNOWLEDGE ABOUT BLOOD DONATION			
Variables		Frequency	Percentage
Beneficial effects	Know the Beneficial effects	325	61.3
	Don't Know the Beneficial effect	203	38.7
	Total	530	
Knowledge about donation intervals	4 months	273	51.2
	6 months	158	29.6
	Once in a Year	19	3.6
	Don't know	80	15.6
	Total	530	
Age to start blood donation	18 years	421	79.4
	15 years	7	1.3
	Don't know	102	19.2
	Total	530	
Diabetics Donating blood	Yes	1	0.2
	No	526	99.2
	Don't know	3	0.6
	Total	530	
HIV donating blood	Yes	0	0
	No	527	99.7
	Don't know	3	0.6
	Total	530	
Hb level for donating blood	11.5 gm	40	7.5
	12.5 gm	215	40.5
	Don't know	275	52.0
	Total	530	
Weight of the donor	45 kg	341	64.4
	Don't know	189	35.6
	Total	530	
Variables		Frequency	Percentage

Hepatitis vaccinated to donate blood	Yes	0	0
	No	0	0
	Don't Know	530	100
	Total	530	
Mandatory Test	Know	181	34.2
	Don't know	349	65.8
	Total	530	
Volume of blood donated	250 ml	101	19.1
	350 ml	113	21.0
	450 ml	101	19.1
	Don't know	215	40.5
	Total	530	
Drinking water after donation	Yes	270	50.9
	No	23	5.1
	Don't know	237	44
	Total	530	
Knowledge about alcoholic /smoking in blood donation	Should not donate	424	80
	can donate after few hours	106	20
	Total	530	
Aphaeresis	Know & have experienced Aphaeresis	3	0.4
	Don't know	527	99.6
	Total	530	

Blood group	Don't know	143	26.9
	O Group	179	33.9
	B Group	102	19.2
	A Group	73	13.7
	AB Group	33	6.2
	Total	530	

Fig-7 Comparison of Educational status and Knowledge About Beneficial effect of Blood Donation



The knowledge about blood donation are stated in Table 3 which shows 51.2% of donors knew that people can donate once in four months and 79.4% of them knew that blood donation could be started at 18 years of age. As there is vast awareness about HIV, 99.4% donors stated that HIV patients cannot donate blood.

With regard to Diabetes Mellitus patients donating blood, 99.2% stated that they should not donate blood.

52% of donors do not know the prerequisite Hemoglobin level for blood donation and 65 % of donors do not know the mandatory tests done after donation. 40% of donors do not know how much blood they are donating.

ATTITUDE TOWARDS BLOOD DONATION

Fig-8 NEED FOR BLOOD TRANSFUSION

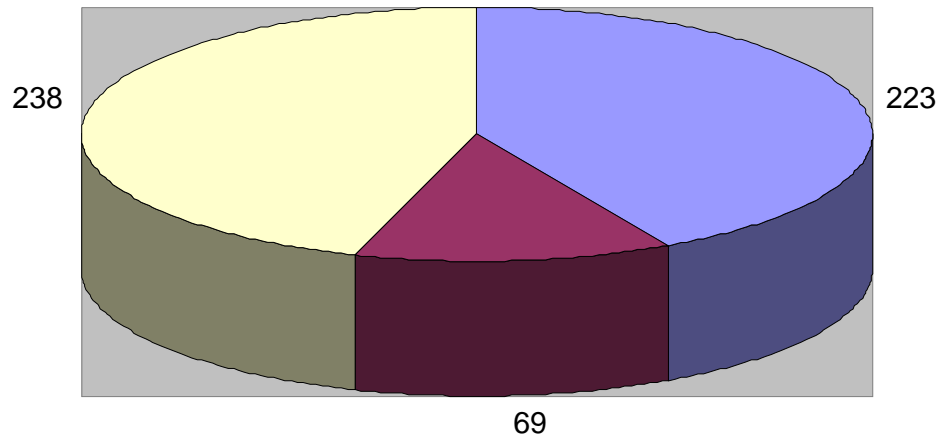


Fig-9 FACTORS MOTIVATING BLOOD DONATION

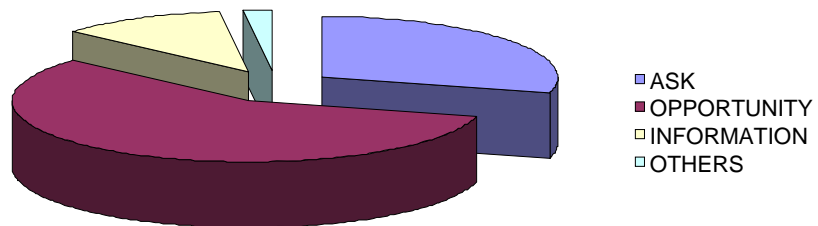


Table – 4 ATTITUDE TOWARDS BLOOD DONATION			
	Variables	Frequency	Percentage
People who are in Need of blood transfusion	Accident & surgery	223	42
	Accident	69	13
	Multiple reasons	238	45
	Total	530	
Factors motivating blood donation	Ask to donate	155	29.2
	Creates opportunity	305	57.7
	More informal about need of blood	60	11.3
	Others	10	1.8
	Total	530	
Methods to maintain donors health	Balanced diet	305	57.6
	Practicing healthy habits	45	8.4
	Multiple	180	34.0
	Total	530	
Can a person get infection by receiving blood	No	148	28
	Yes	132	25
	Don't know	250	48
	Total	530	
Other reason for not donating blood	Fear of Pain	292	55
	No opportunity	106	20
	Others	132	25
	Total	530	
Can anything happen after donation	Nothing happens	332	74
	Temporary Weakness	83	15.8
	Don't know	115	21.8
	Total	530	

Attitude towards Blood Donation is shown in Table 4 which shows 45% of blood donors answered that there were multiple needs for blood transfusion. 57% of donors expressed that creating opportunity is the important factor for motivating the blood donation and should eat balanced diet to maintain the health.

48.5 % of the donors do not know that people may get infection by receiving blood and 55% of donors told, fear of pain is the main reason for not donating blood. 74% donors stated that nothing happens to donors after blood donation.

Practice of the donors is shown in Table 5, which shows 47.2% of donors mentioned that the reason for the first time was for their friends/relative. Only 2.4% had donated for the second time after 4 months. 29.6% of the donors donated once in a year and 47.8 of the donors including first time donors were willing to donate once in a year.

Impact of Donation

74.7% of donors had reported positive effects, only 3.4% of donors had negative effects and mixed effects (both positive and negative) were reported by 6.82%, among the positive effect, feeling of satisfaction was predominant and among the negative effects, dizziness was predominant.

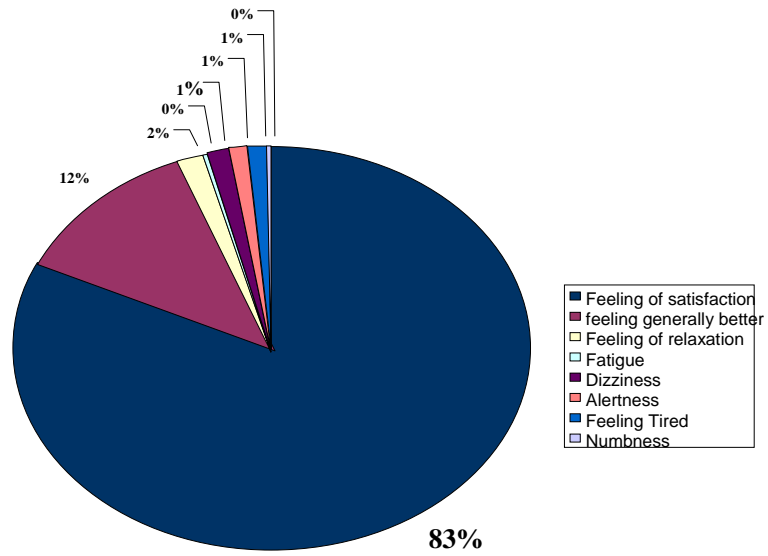
Fig-10 Impact of Blood Donation

Table – 5 PRACTICE OF DONATION			
Variables		Frequency	Percentage
Reason for first donation	Friends / relations	250	47.2
	Voluntary	232	44.9
	Others	42	9.9
	Total	530	
Time interval between first and second donation	Not applicable (First time)	242	46.1
	1 year	157	29.6
	7 – 10 months	103	19.4
	4 months	13	2.5
		12	22
	Total	530	
Last donation	Not applicable (First time)	245	46.1
	1 year back	133	25.0
	6 months back	109	20.6
	3 months back	17	3.3
	Others	26	4.9
	Total	530	
Information regarding blood donation by their family members	No family members donated blood	383	72.7
	Parents	89	16.9
	Spouse	5	0.9
	Others	53	9.5
	Total	530	

Willing to become regular donor & time interval of donation	Don't know	3	0.5
	Yearly once	254	47.8
	After 6 months	181	34.3
	After 4 months	45	8.5
	Others	47	8.8
	Total	530	
Impact of blood donation	Satisfaction	396	74.7
	Generally better	65	12.2
	Relaxation / Alertness	21	3.9
	Fear of needles	2	0.4
	Tired / fatigue	9	1.7
	Numbness	7	1.5
	Mixed feelings	30	5.2
	Total	530	

Communication channel for spreading the message about blood donation is shown in Table 6

55.2% donors expressed that by multiple ways message of voluntary blood donation can be disseminated among people to increase the recruitment and retention of donors.

Table – 6 COMMUNICATION CHANNEL			
Variables		Frequency	Percentage
Message about blood donation	Blood Bank	127	23.9
	Hospital & media	177	33.3
	Hospital, media & Blood Bank	170	32.0
	Others	56	10.8
	Total	530	
Best way to disseminate message	Personal request	104	20
	Radio / TV	88	16
	Printing & Banners	45	8.8
	Multiple	293	55.2
	Total	530	

The associations between the KAP variables and demographic data under study were tested using chi-square test and the statistical associations between them were inferred using P value.

The association between demographic variable like education to the variables of KAP - time interval of donation, knowledge about quantity of blood donation and mandatory test, age of starting the donation, knowledge about HIV patient donating blood, Haemoglobin level to donate, knowledge of person getting disease, reasons for people not donating blood, best way to donate blood, Knowledge of blood groups were statistically significant since p value is less than 0.005, and were strongly associated with education.

KAP variables like people in need of transfusion and why people are not donating blood were not statistically significant as their p value is more than 0.005, and were not associated with education.

The association of demographic variable occupations, with KAP variables like knowledge about hemoglobin level to donate blood, knowledge about weight of the donor, knowledge about people getting disease was statistically significant as p value is 0.005. KAP variables like Blood groups, people who are in need of transfusion, people getting disease by receiving blood were not statistically significant as the p value is more than 0.005 and were associated with occupation.

KAP variables like knowledge about the age of starting the blood donation, knowledge about diabetes donating blood, HIV patients donating blood, knowledge about drinking water after donation, knowledge about blood group, people in need of blood were not clinically significant with demographic variable occupation since the p value is greater than 0.005 and were not associated with occupation.

There is an association between demographic variable - age of the donor with the variables of KAP like regular donation, knowledge of hemoglobin level for donation, benefits of donation and impact of blood donation as they were statistically significant with the p value of 0.005.

The other variables of KAP like knowledge of blood groups, mandatory screening tests to prevent transfusion transmitted infections , and diabetic individual donating blood were not associated with the demographic variable- age of donation, as the p value is greater than 0.005.

DISCUSSION

Recruiting a sufficient number of safe blood donors is an emerging challenge. The shortage of blood in most of the blood banks in India is due to increase in demand with fewer voluntary blood donors.

In the demographic data of our donors, female donors were very few in number when compared to males, which is similar to Theresa W .Gillespie¹⁹ study, this difference may be due to high deferral of female donors owing to low weight and anemia. Other factors on the side of the donor were pain, giddiness and loss of health. In Lagos study by Bruce Hollingsworth, the female donors constituted only 1% of the donor population.³⁴ Piliavin et al and Bir Singh et al showed that there is preponderance of females in the younger age group than males.^{17, 6}

In our study population there was more number of young donors in an age group of 18-25years with college level education. This is similar to the study done by Weinberg et al and Hinrich et al.^{24, 20} In contrast; Sampath et al study showed 48.4% of the donors were in the age group between 26-50 years.²³

Our donors had either completed or studying college level of education(60.3%) and there were no illiterates, where as in Sampath et al study, there were only 15% of the donors who had completed university education²³ and in another study by Zaller et al, 78.4% of the donors had high school education which is similar to our study.²⁷

About 68.9% of our donors were employed and 30.5% of the donors were Students, which is similar to Harrington et al and Sampath et al study in 2007^{23,25} and in another study by zaller et al showed that 53.3% of the donors had Low wage employment.²⁷

Seventy percent of our donors were married which is similar to Bir singh et al study and the study by Gilspie stated 57% of the donors were married.¹⁹

Out of 530 donors 46% of the donors were donating blood for the first time since most of the donors were college students. This is similar to the study done by .Olaiya et al. Zaller et al study showed 17.5% of the donors were first time donors^{25, 27}

The donors who donated twice were 28.1% and who donated 4-10times were 7.4% and only 0. 2% were donated more than 25 times. The reason for non-donation of blood was 'never been asked' and 'do not know that blood donation is necessary'. Though first time donors are important for the recruitment strategy their high drop out rates underscore the need to address the factors which are related to retention of the donors.

Our study results showed that 50% of our donors have good knowledge about eligibility criteria and blood groups as in the study of C.D.Kasanda et al in2001.¹³There is lack of knowledge in our donors with regard to mandatory test done after blood collection, amount of blood donated and whether people may get infection by receiving blood. So to create awareness a clear simple and constant message must be delivered using health education materials to the target groups.

The attitude of our donors is favorable in their perception that the blood donation would not harm their body (74%). The general opinion of the blood donors (57.5%) is that creating opportunity plays an important role in motivating them. They also emphasized that the voluntary donation (99.2%) is the best one when compared to other donation and 67% of the donors in Olaiya study expressed that voluntary donation is the best donation.²⁵ The donors also mentioned that people are not donating due to the fear of pain (55%) and no opportunity (20%) which were similar to Lagos study.²⁵

With regard to impact of blood donation, 74.7% of donors had positive effect like feeling of satisfaction after the donation and 3.4% of donors had negative effects like dizziness, numbness, tiredness. This is similar to the study done by Sojka et al.³⁷ The mixed effects were reported by 6.82% of the donors. In contrast, a study done by A.Hinrich et al stated that 26.5% reported positive effects such as feeling happy, alert, feeling relaxed, 17.6% expressed mixed effects and 23.5% reported negative effects.²⁴

SUMMARY

- 530 voluntary donors were interviewed by using a questionnaire to assess the Knowledge, Attitude and Practice (KAP) of blood donation.
- Ninety three percent (93%) of the donors were males and 7% were females. The reasons for less percentage of female donors are due to low donor turnover and temporary deferral conditions like low Hemoglobin, low weight, and fear of pain.
- Most of the donors were knowledgeable about beneficial effects of blood donation (61.4%), minimum prerequisite time interval between two donations (51.2%), their blood groups (75.1%) and eligibility criteria for blood donation (65%). However most of the donors were not aware of mandatory screening tests done for TTI (65.8%), volume of blood donated (59.9%) and about Aphaeresis technique (99.6%).
- The most common reason given by the study group for others not having donated blood is Fear of pain (55%).
- Most of the donors in the study group (57.5%) opined that the motivating factors to recruit more donors are creation of opportunity to donate, being asked to donate and needs to be well-informed about the requirement of blood.

- Seventy four percent (74%) of the donors were of the attitude that nothing untoward will happen after donation.
- 99.5% of the donors were willing to be a regular donor and 47.8% of them want to donate once in a year.
- 90.8% of the donors had positive effects like sense of satisfaction after donation.

CONCLUSION

In our study, most of the donors are knowledgeable about blood donation with good attitude; however they feel comfortable in donating blood once in a year. If this feel good factor of once in a year donation could be changed into atleast twice in a year, a gap between demand and supply of the country may be narrowed down.

There is a definite association between demographic factors such as age, gender, educational status and occupation with KAP of blood donation among voluntary blood donors. However, a larger study population comprised of varied demographic factors is necessary for a definite conclusion of their association with KAP of voluntary blood donation.

D.NO	Age	Sex	Religion	Geograph	Monthly in Edu	Statu:Occupatio	Marital sta	I-1	heard b	I-2	first tim	I-3	duration I	I-4	person I	5not don I	6Eligibilit	6a Age	6b Diabet	6c HIV	6d Anaem	Hb level	6e Weight	6f Sex	6g Fever	6h HBSA	ACTime gap	I-6l mandat	6j quantity	6k drinking	6l smoker	time gap	t
2633	30	1	1	1	3	3	2.1	2	1	2	3	5	6	1	2	2	2	2	2	2	2	0	2	1	2	0	0	2	2	1	2	0	
2635	25	1	1	1	3	3	2.1	1	1	2	3	5	6	1	2	2	2	2	2	2	2	0	2	1	2	0	0	1	2	1	2	0	
2637	29	1	3	1	3	3	2.1	1	1	2	3	5	6	1	2	2	2	2	2	2	2	0	2	1	2	0	0	0	2	1	1	3	
2639	31	1	1	1	1	2	2.1	1	1	2	2	5	6	1	2	2	2	2	2	2	2	2	1	2	0	0	2	1	1	1	3		
2641	31	1	1	1	1	3	3	2.1	2	1	2	2	5	6	1	2	2	2	2	2	2	3	2	1	2	0	0	1	3	1	2	0	
2643	28	1	1	1	3	3	2.1	1	1	2	3	5	6	1	2	2	2	2	2	2	2	3	2	1	2	0	0	1	3	1	2	0	
2645	26	2	1	1	3	3	2.1	1	1	1	3	5	6	1	2	2	2	2	2	2	2	3	0	1	2	0	0	2	2	1	2	0	
2647	49	1	1	1	2	1	2.1	2	2	1	3	5	6	1	0	2	2	2	2	2	2	0	0	1	2	0	0	0	0	0	0	0	
2649	25	1	1	1	3	3	2.1	1	1	2	3	5	6	1	2	2	2	2	2	2	2	3	2	1	2	0	0	1	1	1	2	0	
2651	31	1	1	1	3	3	2.1	2	1	2	3	5	6	1	2	2	2	2	2	2	2	3	2	1	2	0	0	1	3	1	1	0	
2653	31	1	1	1	3	3	2.1	2	1	2	4	5	6	1	2	2	2	2	2	2	2	3	2	1	2	0	0	0	2	1	2	0	
2655	35	1	1	1	3	2	2.1	1	1	2	2	5	6	1	2	2	2	2	2	2	2	0	2	1	2	0	0	1	2	1	2	0	
2657	32	1	1	1	3	2	2.1	2	1	1	3	5	6	1	2	2	2	2	2	2	2	0	2	1	2	0	0	0	2	0	2	0	
2659	27	1	1	1	3	3	2.1	1	1	2	2	5	6	1	2	2	2	2	2	2	2	3	2	1	2	0	0	1	2	1	2	0	
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3439	26	1	1	1	2	2	2.1	1	1	2	2																		

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[illegible]

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IV11BD or Reason	IV12willing when	IV13 willin	IV14 motiv	IV15 rare	V1 heard	r message	dissemina	factors	mc	Impact of BD	1	No of time	don.defe	reason	don.react	type of re	age-first	D
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